

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040848

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

273

Primary Registration District No.

3051

Registrar's No.

142

FILED OCT 31 1963

1. PLACE OF DEATH a. COUNTY PERRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY STE. GENEVIEVE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PERRYVILLE		c. CITY OR TOWN BLOOMSDALE	
c. FULL NAME OF (If NOT in hospital, give location) PERRY HOSPITAL OR INSTITUTION COUNTY MEMORIAL HOSPITAL		d. STREET ADDRESS BLOOMSDALE, (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last CLARENCE E. MCCLANAHAN		4. DATE OF DEATH Month Day Year OCTOBER 21, 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-19-1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER RETIRED		10b. KIND OF BUSINESS OR INDUSTRY FARMING	
11a. FATHER'S NAME EDWARD MCCLANAHAN		11b. MOTHER'S MAIDEN NAME EMMA BITTICK	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No		12b. SOCIAL SECURITY NO. [REDACTED]	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease DUE TO (c)		14. NAME OF DECEASED'S WIFE IDA WILLIAMSON	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Laennec's cirrhosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Oct 1, 1963 to Oct 21, 1963 and last saw him alive on Oct 21, 1963 Death occurred at 5:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Joseph F. Cannon M.D.		22b. ADDRESS 190 S. Fourth St. Ste Genevieve	
22c. DATE SIGNED 10/22/63		22d. LOCATION (City, town, or county) (State) BLOOMSDALE, MISSOURI	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 10-24-1963	23c. NAME OF CEMETERY OR CREMATORY CONCORD CEMETERY	
23d. FUNERAL DIRECTOR JEROME H. STANTON, STE. GENEVIEVE, Mo.		23e. DATE RECD. BY LOCAL REG. 10-23-63	
23f. REGISTRAR'S SIGNATURE [Signature]			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
10795
20950
3
4 0
5 1
6
7 0
8 2
94200
10
11
12 1-0
13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James A. Stanton

Licensed Embalmer No. 3817

P. O. Address STE. GENEVIEVE, MISSOURI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.